

South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Re-Approval* of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to <u>ARSD 20:48:04.01:14</u>. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

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iame of Primary Instructor: <u>Angelia</u>	. Freder	rick RUID	0~1			
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thone Number: <u>605 - 234 - 651</u>)	
-mail Address of Faculty: Angelia.F	rederio	LK@ Santò	rdhealth.org	(
Request re-approval using the following records using the Enrolled Student Log form. 2011 SD Community Mental Health Facilit Mosby's Texbook for Medication Assistant Nebraska Health Care Association (2010) We Care Online	, ties (only appro ts, Sorrentino (NHCA)	oved for agencies ce & Remmert (2009	rtified through the Depar))	tment of So	ocial Servic	:es)
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